

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION  
(617) 723-3800  
392-6108

X-3  
9-20-06

Insured's Name and Mailing Address

JOAN CHARLES A/K/A JOAN F. GREAVES  
14 DITSON STREET  
DORCHESTER, MA 02122

Producer

ONE CALL INS AGCY., INC.  
121 B TREMONT ST  
BRIGHTON MA 02135

Expiration Date 01/08/ 2004

Policy Number 0662672 - 4

The Association offers to renew this policy. To accept this renewal offer please return the tear-off portion of this invoice and payment to the Association. To avoid a lapse in coverage this invoice and payment must be received by the Association on or before the Expiration date/Due date. If payment is received within sixty days of the Expiration date/Due date the policy will be renewed as of the date of the Associations receipt of the payment. Payments received by the Association more than sixty days after the Expiration date/Due date will be rejected and the policy will not be renewed.

Any changes to the Renewal Policy may only be made by submitting an Endorsement Request to the Association after you have paid this invoice. To make the changes effective as of the inception date of the Renewal Policy, the Endorsement Request must be received by the Association on or before the inception date of the Renewal Policy.

**Please Remember**

- \* Read the Inspection and Credit reporting notices on the reverse side.
- \* Make your check payable to MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION
- \* Write your policy number on your check.
- \* Mail the original tear-off portion of this Offer/Invoice and your check in the enclosed envelope.
- \* Mail only one original Offer/Invoice and one check per envelope. Copies of the Offer/Invoice cannot be processed by the lockbox.
- \* Do not send any other correspondence with this Offer/Invoice and your check.
- \* Do not send cash.
- \* Mail this Invoice and your check to the address below.

UMAEXPIH

Tear Here

PLEASE WRITE YOUR POLICY NUMBER ON YOUR CHECK AND RETURN THIS  
INVOICE WITH YOUR PAYMENT IN THE ENVELOPE PROVIDED.

INVOICE

Tear Here

Insured's Name: JOAN CHARLES A/K/A JOAN F. GREAVES

Policy Number: 0662672 - 4

Date Billed	Premium Due	Minimum Due	Due Date	Amount Enclosed
12/04/ 2003	\$1,906.00	\$476.50	01/08/ 2004	

Please make sure your check is made payable and sent to:

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION  
PO BOX 9693  
MANCHESTER, NH 03108-9693

06626722000040001700000004765020040308